



State of Arizona Naturopathic Physicians Medical Board
1400 W. Washington, Suite 300 Phoenix, AZ 85007
Phone 602 542-8242 FAX 602-542-8804 www.aznd.gov
Governor: Janice K. Brewer

COMPLAINT FORM
(PLEASE PRINT OR TYPE INFORMATION)

Americans with Disability – Alternative Format of Complaint

Title H of the Americans With Disabilities Act prohibits the Board from discriminating on the basis of disability in its complaint process. An individual with disability who needs this complaint form to be in an alternative format or who requires a reasonable accommodation to use the complaint process may contact the Board ADA coordinator at the above telephone numbers to make their needs known.

Today's Date: _____

Person Filing Complaint: _____
Name Email Address

Address City State Zip

Phone Number: (_____) _____

Name of Physician: _____

Address: _____
City State Zip Office Phone Number

Name of Patient: _____
Patient Contact Information

Your Relationship to Patient: _____

PLEASE COMPLETE THE FOLLOWING BEFORE SUBMITTING COMPLAINT TO:

State of Arizona Naturopathic Physicians Medical Board
Attention: Gail Anthony, Investigator
1400 W. Washington, Ste. 300 Phoenix AZ 85007

Describe specifically your complaint against the Naturopathic Medical Doctor. Please provide copies of any documents, billing statements, and/or any other evidence you believe would support your complaint.

What allegations(s) do you have against the doctor?

When and where did the above event(s) occur?

I hereby request the State of Arizona Naturopathic Physicians Medical Board investigate my complaint against the above named Doctor. I hereby attest that the information contained in this complaint and any information and documents attached to this complaint are filed in good faith. I agree to testify under oath to the information given in this complaint, should the Board request me to. ____yes ____no
I understand that the Board may obtain medical records.

Print Your Name: _____ Date _____

Signature